

**N J DEPARTMENT OF BANKING AND INSURANCE  
OFFICE OF ADMINISTRATION AND FINANCE  
LICENSING SERVICES BUREAU  
P.O. BOX 473  
TRENTON, NJ 08625**

**HOME REPAIR SALESPERSON APPLICATION INSTRUCTIONS**

**All applications submitted to this office must be complete and include all fees, documents/ attachments. A preliminary review for correct fees will occur upon submission. No further review will occur if the fees are incorrect. Any incomplete application will not be accepted for processing and will be returned in its entirety.**

A home repair salesperson application is filed in affiliation with a licensed home repair contractor.

1. Indicate on the application if you have ever held a license issued by this Department.
2. Type or print clearly your full name.
3. Insert complete name and reference number of the employing company.
4. Insert complete address of the location where you are employed.
5. Sign and date where indicated on the application.
6. Employing company must complete the Employer Certification portion of the application.  
Note: It is the employer's responsibility to internally review the salesperson application(s) for completeness prior to submission.
7. Application must be properly signed and dated by: (1) corporate president, if a corporation; (2) managing member, if a limited liability company; (3) member of the partnership, if a partnership; or (4) the sole proprietor, if a sole proprietorship.
8. A properly completed personal certification form must accompany this application. You must submit supporting documentation for any "yes" answered question.
9. Send a company check or money order made payable to: **Treasurer, State of New Jersey** in the appropriate amount listed below. Personal checks are not accepted.

**NOTE: All fees submitted with applications are Non-Refundable.**

<b><u>LICENSE TYPE</u></b>	<b><u>NON-REFUNDABLE FEE</u></b>
Home Repair Salesperson	\$60.00

Questions regarding an application may be directed to (609) 292-5340.

Send to:

Licensing Services Bureau  
Dept. of Banking & Insurance  
PO Box 473  
Trenton, NJ 08625

or, for Overnight Service:

Licensing Services Bureau  
Dept. of Banking & Insurance  
20 W. State St. – 8<sup>th</sup> Floor  
Trenton, NJ 08610

**DEPARTMENT USE ONLY:**

Ref No.

Rel No.

C/R No.

Date Proc.

**STATE OF NEW JERSEY**  
**DEPARTMENT OF BANKING and INSURANCE**  
OFFICE OF ADMINISTRATION AND FINANCE  
LICENSING SERVICES BUREAU  
PO Box 473  
Trenton, NJ 08625

**HOME REPAIR SALESPERSON APPLICATION**

**YOU MUST INDICATE HERE WHETHER YOU HAVE EVER HAD A LICENSE ISSUED BY THIS DEPARTMENT \_\_\_\_ YES \_\_\_\_ NO**

**YOU MUST SUBMIT A COMPLETED PERSONAL CERTIFICATION AS PART OF THIS APPLICATION.**

Name: \_\_\_\_\_

Employing Company: \_\_\_\_\_ Reference No. \_\_\_\_\_

Address of location where you are employed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMPLOYER CERTIFICATION**

This is to certify that \_\_\_\_\_ is authorized to apply for a  
(Name of Applicant)  
Home Repair Salesperson license in my employ.

\_\_\_\_\_  
Print name of Home Repair Contractor

\_\_\_\_\_  
Signature of Corporate President, Partner or Sole Proprietor

\_\_\_\_\_  
Date



## **CERTIFICATION**

I, the applicant, being duly sworn according to law depose and say that the answers set forth are true to the best of my knowledge and belief. This application is made for the purpose of inducing the issuance of a Banking License or an approval under an existing license, and I understand that any information withheld or which represents a material misstatement will constitute grounds for rejection of this application by the Commissioner of Banking and Insurance. This authorizes release to the New Jersey Department of Banking and Insurance any and all information pertaining to me, documentary otherwise, from all governmental agencies, federal, state and local, without exception, both foreign and domestic. A photostatic copy of this authorization will be considered as effective and valid as the original.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Subscribed and sworn to before me

On this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Title